ORIGINAL

ATTESTATION PAPER.

119th OVERSEAS BATTALION

No. 154375

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Hamilton
1a. What are your Christian names?	Andrew Matter
1b. What is your present address?	Second Ave, Steelton. Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Belfast Ireland
3. What is the name of your next-of kin?	James Hamilton
4. What is the address of your next-of-kin?	Moody St. Steelton. Ont.
4a. What is the relationship of your next-of-kin?	Brother
5. What is the date of your birth?	Nov 23rd 1893
6. What is your Trade or Calling?	Laborer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Andrew Matter Hamilton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Andrew Hamilton (Signature of Recruit)

Date February 2nd 1916 G. E. Emmerton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Andrew ~~Hamx~~ Matter Hamilton, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Andrew Hamilton (Signature of Recruit)

Date February 2nd 1916 G. E. Emmerton (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Sault Ste Marie, Ont. this ~~Second~~ Third day of February 1916.

A. E. Cox J.P. (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Andrew Matter Hamilton on Enlistment.

Apparent Age 23 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height: 5 ft. 3 ins.

Chest measurement.
- Girth when fully expanded: 35 ins.
- Range of expansion: 2 ins.

Complexion: Fair

Eyes: Blue

Hair: Brown

Religious denominations
- Church of England:
- Presbyterian: x
- Methodist:
- Baptist or Congregationalist:
- Roman Catholic:
- Jewish:
- Other denominations (Denomination to be stated.):

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Nil.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date February 2nd 191 6 — James Rutherford Capt

Place Sault Ste Marie, Ont. — Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Andrew Matter Hamilton. having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. D. Rowland Lieut-Col (Signature of Officer)
O.C. 119th. O.S. BN. C.E.F.

Date Feb 2/16 191 .

REGIMENTAL DOCUMENTS

NAME HAMILTON ANDREW MATEER Spr REGT. NO. 25-43325 UNIT 119th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					1
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				04308	
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.Y.W 67					
3	C.W.3					
1	Up card					1
1	R.12					10-23
1	Pay card					23-23
						30 23
						(1)

W 2589
100M-11-18
9772 39 1377

REGT'L No 754373

NAME Hamilton A. M.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 119th Bn.

FOLLOWS NO.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. Job 20581—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 17-2-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
1	Mil. Seaforth Liverpool	19-8-16	U. D. G.
3.	Discharged-	31-8-16	" " "

No. 75-4376 RANK Pte. NAME Hamilton A. M

T. O. S. 8-2-16
D. O. 7 of 11-2-16 UNIT 119th Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Feb. 3	Feb. 29	✓
Mar.		✓
Apr		✓
May		✓
June		✓
July		✓
Aug.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED AUG 8 1916

SURNAME. Hamilton 9.2

CARD NO.

CHRISTIAN NAMES Andrew Matter.

Loss Rpt 13-6-19
Demob FOLL.
No. 1717 20-6-19
H.2.10.10.
Bn.

REGL. No. 754375 Pte. RANK

UNIT 119th "

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Hamilton, James

RELATIONSHIP TO SOLDIER Brother

ADDRESS Moody St. Steelton Ont.

COUNTRY OF BIRTH Ireland. Belfast. DATE Nov. 23rd 1893

PLACE OF ATTESTATION Sault Ste Marie Ont DATE Feb. 3rd 1916

Sailed from Halifax 8-8-16 207/14 P/C 13-6-19 347/134 Spv.

Per S.S. Metagama

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 23 YEARS 2 MONTHS

HEIGHT 5' FEET 3 INCHES

CHEST MEASUREMENT 35' INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Sault St Marie Ont. DATE Feb. 2nd 1916

Present address. Second line.
Skelton. Ont.

R. 149.

Name Hamilton. Andrew Rank Platter Pte Reg. No. 754375

Unit 119th Battn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-8-16	Military Seaforth.		V.D.G.	1.		
31-8-16	Discharged			3.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

com.

Number 754375 Rank Spr.

Surname HAMILTON

Christian Name Andrew Mather

Units C. E. Theatre of War France.

Date of Service 23. 5. 17.

Remarks 845 Bonney St

Latest ~~C.E.C.~~ Address Sault Ste. Marie

Ont

"B"

Roll No.

Page 12787

200m.—2—21.M.

DESP. MAY 5 1922
REGN. NO. 13416

D.M.S. 1908.

Surname	Christian Name or Names	Reg. No.
Hamilton	A.	754375

Rank	Unit	Co.	Troop	Batty.
Pte.	119th Bn.			

Hospital: Seaforth Military — Date of Admission: 19.8.16

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis: V.D.G.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

CE.28.8.16 1 — Dice. 31-8-16

- 5-9-16 3

REMARKS

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

10 hr

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Fill in Only.—Unit, Number, Rank and Name.

98

W.S.B. Class A

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 119th OVERSEAS BATTALION C. E. F.

Regimental No. 754375 Rank Pte Name Hamilton Andrew Walter

Enlisted (a) 2/2/16 Terms of Service (a) Duration of War Service reckons from (a) 2/2/16

Date of promotion to present rank. | Date of appointment to lance rank | Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b)

CERTIFIED CORRECT. JUN. 1917 CAN. OVERSEAS LONDON

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	119th Bn	Embarked Canada	Halifax	8/8/16	
	119th Bn	Disembarked England	Liverpool	19/8/16	
23/5/17	119th Bn	Proceeded overseas for service with 124th Bn	Witley	23/5/17	Part II D.O. No 102
			W. Morrelland		Lt. Colonel, Commanding 119th Canadian Infantry Battalion.
31.5.17	4 C.I.B.D.	T.O.S. 124 Bn.	Field	25.5.17	D.O. Pt. II No. 102 d. 31.5.17
14.6.17	do.	Left 4 C.I.B.D. for Unit	do.	14.6.17	N.R. 315
23.6.17	O.C. 124 Bn.	Joined Unit	do.	16.6.17	B.213 D.O. 27 d. 10.7.17
23.3.18	do.	Granted 14 days Leave	Paris	21.3.18	B.213: D.O. 22
30.3.18	4 C.I.B.D.	T.O.S from Leave 'A'	Arse	30.3.18	N.R. 278.
6.4.18	124 Bn	Rejoined unit	Field	5.4.18	B.213
27.4.18	do.	Granted one good cond. bad	Fld.	2.2.18	B.213; D.O. 30 d 7.5.18.
	W.O.	SOS 124 BN TO 12 BN C E		29.5.18	D.O. 42 d. 2.7.18
	do.	TOS 12 BN C'E FROM 124 BN		30.5.18	D.O. 1 d. 2.7.18
28.9.	12 Bn. C.E.	Granted 14 days leave to U.K.		27.9.18	B.213 D.O. 22 d. 9.10.18.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
19.10.18	12 Bn. C.E.	Rejoined Unit	Field	16.10.18	B.213
Emb. Camp.		Proceeded to England		6.5.19.	N.R.
					Pt.2 O.No. d/....

S. G. Carson Capt.
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

S.O.S. O.M.F.C. TO C.E.F.
PT. II ORDER No. 44 DATED 6.6.19

OFFICER I/c RECORDS,
"P" WING C.C.C. WITLEY.

H.M.T. Olympic
SAILED S'HM'TON 6/6/19
ARR'D HALIFAX June 12 19

JUN 6 1919 O. S. T. O. C. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II do 171

JUN 15 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II do 171

W. C. Roberts
Lieut.
For O. C. No. 2 District Depot

Group 26

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block letters) HAMILTON, Andrew Walter

REGIMENT C.E. RANK Sapper No. 754375

Date of Examination in England MAY 21 1919 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 32. 12.
2. EXTRACTIONS 5. 9.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada Yes
- (*b*) In England
- (*c*) In France

Signature of Dental Officer H. A. Simmons Capt

25M.—12-18.
H.Q. 1772-39-950

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

26

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 119th Q.O. Bn C.E.F.

(2) Regimental Number 754375

(3) Full Name of Soldier Hamilton - Andrew Mateer

(4) Place of Birth Crossgar Down County Ireland

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow..

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

James Hamilton. — Brother.
Steetton. Box 91
Ontario

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? Yes

If so, in what Company? Continental Life

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[signature]
Officer Commanding.
Major

Date July 3-16

DUPLICATE.

754375

119th OVERSEAS BATTALION

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Hamilton *Christian Name* Andrew Matter

Examined { on 2nd day of February 1916
at Sault Ste Marie. Ont

Approved by James R.W. Lean
Rank Capt M.O.

Birthplace { City or Town Belfast
County Ireland

Apparent age 22

Trade or occupation Laborer

Height 5 Feet 3 Inches.

Weight 123½ Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. X
Number Two

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Feet slight tendency to flatness
Vision in both eyes 30/20

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
June 22/16	James R.W. Lean	M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
May 17/16	James R.W. Lean	M.O.
May 29/16	James R.W. Lean	M.O.
T.A.B./1.	13-9-16 " "	
" " "	22-4-17 " " "	M.O.

Enlisted on 2nd *day of* February 1916 *at* Sauly Ste Marie. Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	119th.O.S.BN.C.E.F.	754375		2/2/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
200M—11-15.
H. Q. 1772 39-4-9.

Surname Hamilton Christian Name Andrew Matter.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Seaforth.		19	8	16	31	8	16	Gonorrhoea	13.	Recovered.	R.A.Jones Capt. R.A.M.C. (HH).

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No.

THIS IS TO CERTIFY that No. 754375 (Rank) Sapper
Name (in full) Andrew Mateer Hamilton enlisted in
the 119th Battalion
CANADIAN EXPEDITIONARY FORCE at Sault Ste Marie on the 2nd
day of February 1916
HE served in France with 12th Battalion Can Eng
and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 26
Height 5' 4"
Complexion Fair
Eyes Blue
Hair Brown

Marks or Scars Vaccination
marks left arm

Hamilton A.M.
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
JUN 15 1919
TORONTO

Issuing Officer
For
O.C. No. 2 District Depot.
Rank

JUN 15 1919
Date 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

P. 85.

FORM OF WILL.

I, Andrew Matter Hamilton (Name in full)
Regimental Number 754375 serving in 119th Os. Battalion
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will. 62123

I bequeath all my real estate unto my brother

Thomas John Hamilton, Town of Randalstown, County of Antrim, Ireland, — Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

the above named Thomas John Hamilton — Name & Address of person or persons to receive personal estate* *(see note)*.

In Witness whereof I have hereunto set my hand
this 25th day of October A.D. 1916.

A. M. Hamilton Signature.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

G. P. O. Sault Ste. Marie Ont

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness C B Yates
Address of Witness Gore Bay, Ont. Can
Occupation of Witness Student-at-Law.
Name of Witness J. E. Arnitt
Address of Witness 16 Hunthy Terrace Shettleston Scotland
Occupation of Witness Steel-Moulder

FORM OF WILL.

P. 559.
MARRIED OR SINGLE Single.

PLACE OF BIRTH Belfast, Ireland.

NAME AND ADDRESS OF NEXT OF KIN James Hamilton,
Moody Street, Steelton, Ontario.

RELATIONSHIP OF NEXT OF KIN ~~Father~~. Brother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
19/8/16	3/9/16	V	Seaforth Military Hospital.

REG'L. No. 754375 RANK Pte. NAME Hamilton, Andrew Fratter.

IF IN PERMT. CORPS WHAT UNIT } UNIT 119th Bn. C.E.F. TRANSFERRED TO 124 Bn. DATE 21/6/17 AUTHORITY D.O. 102.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Sault Ste Marie, Ontario. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION February 2nd 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Aug 31														39 10	39 10															39 10				Bal from Canada
Sept	30	1 00	30 00		30	10	3 00								33 00	12	15/9/16	146	30/9					19 46	7 30	06			9 60	36 42	35 68				P. 0165 - Stoppage 16 days @ 6.8.11 D.
Oct	31	1 00	31 00		31	10	3 10								34 10	190	15/10	234	31/10					9 73	7 30					17 03	52 75				Imperial Hospital Stoppage
Nov	30	1 00	30 00		30	10	3 00								33 00	279	15/11	339	30/11					7 30	9 73					17 03	68 72		45 50	23 22	
Dec	31	1 00	31 00		31	10	3 10								34 10	373	15/12							17 04						17 04	85 78		61 00	24 78	
1917 Jan	31	1 00	31 00		31	10	3 10								34 10	409	15/1	438	31/1					7 30	9 74	12				17 16	102 72		76 00	26 72	Seaforth Military Hosp Damage Voucher No. 48 dated 9/1/16.
1 a. Feb	28	1 00	15 30																															
Feby			30 80												30 80	468	15/2	520	28/2					7 30	7 30					14 60	118 72		91 00	27 92	
			199 10											39 10	238 20			616	28/2/17					68 13	41 37	18			9 60	119 28					
Mch	31	1 10	34 10												34 10			549	13/3/17						9 73					17 03	135 99		105 00		
April	30		33 00												33 00																168 99				
May	31		34 10												34 10	18	12/4/17							9 73						17 03	186 06		135	51 06	
																63	27/4/17							7 36										
June	20		22 00												22 00	128	15/5							9 73						14 59	193 47				
			322 30											39 10	361 40	138	30/5							4 86					9 60	167 93				
	10		11												11																204 47		150		
July	31		34 10												34 10			373	5/7						2 67					2 67	235 90				

754375 Pte Hamilton Andrew Matter

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Aug	31		34	10											34 10															270 –				
Sept	30		33												33	506	4/8	655	5/9	131	14/1			·268	·268	·446			33 37	280 68				
																437	18/7	579	1/8	84	9/6			·536	·268	·446								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE
SEP 30 1917		~~280 68~~							280 68		187
OCT	Pte pay	30 10							314 78		202
		34 10									
NOV	"	33		A/R 784 5/10		·357					
Dec	"	34 10		717 18/9		·268					
				847 18/10		·446					
				966 5/11		·357			367 60		217
		67 10				1428					
Jan		34 10									
				A/R 964 18/11		1338					
				1026 5/		357					
				1091 15/12		446			380 29		247
		34 10				2141					
FEB 28		30 80		1159 5/1		5 357					
				1220 18/1		6 446					
						x 803					
				1280 5/2		357			399 49		262
		30 80				1160					
				1333 19/2		446					
MAR		34 10		H2 5/1		1 –					
				1389 3/3		357					
				1451 17/3		446					
				1476 18/3		89					
				25888 22/3 enl A		3569					
				2665 24/3		3569			339 80		
		34 10				9379					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– HAMILTON Andrew Matter

NUMBER:– 754375 K

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 119 Battn

DATE ACCOUNT FIRST OPENED:– 1–9–16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			124 Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
26.4.19	158	Fuld.	~~5 18~~			L. Leg. Bal	569 69
~~9.5.19~~	~~2220~~	~~R. Wing~~	~~73~~			L. P.to. "	491 19

DAILY RATES OF PAY AND ALLOWANCES

Cr	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
		1 –	10		

PARTICULARS OF RENDERING NON-EFFECTIVE Trans to Can Eff 6/6/19 NBrood/E 5741 MDS Bkhd to B'

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 1	Bal Fwd								339 86	277.	
Apr	P P	33.		a/R 140 5/4	3 57						
				103 16/4	4 46						
				27238 26/3 6 D A	17 84				346 93	292	
		33			25 87						
May	P. P.	34 10		196 5/5	3 57						
				246 17/5	4 46				373.	307	
		34 10			8 03						
June	pay	33 –		a/c 285 7/6 124 Bn	4 46						
				a/c 341 29/6 12 C E	3 57				39797		
		33 –			803						
JUL 1918	Pay	3 410		403 7/8 12 C E	4 46						
				500 7 12 C E	3 57				42404		
		3 410			803						
Aug		34 10		568 18/8 12 CE	4 46						
				630 15/8 "	3 57						
		34 10			8 03				45011		
Sept	Spr Pay	33		a/c 738 12 C E 8/9/18	3 57						
				" 812 " 17/9/18	3 57						
				" 1006 " 24/9/18	97 33				37864		
		33			104 47				3416		
Oct	Spr Pay	34 10		C.A.H.Q. London 4/10/18	4 46				41274		
				" H/5444 " 10/10/18	12 17				3050		
				a/c 889 12 Bn CE 7/10/18	3 73				38224		
		34 10			30 50				~~38224~~ 38382		
Nov	Spl Pay	33		a/c 1118 3/11/18 12 Bn. Bk	3 73						
	" " Dec	34 10		a/c 1267 20/11/18 do	3 73						
		67 10		a/c 1379 5/12/18 do	11 19						
					18 65						

COMPILED BY Butte

CHECKED BY Morgan

NUMBER 754375 RANK Pte NAME Hamilton A-Sm.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd	67 10			18 65				382 24		
Jan.	apr. Pay	34 10							464 79		
		101 20			18 65						
				AR. 1544 7-1-19 12th Bn CE	3 73				461 06		
				1472 12 CE. 24 7/18	5 60				455 46		
Feby		30 80		1619 . 19 1/19	3 73				486 26 482 53		
				1745 . 7 7/19	3 73				478 80		
				1698 . 7 7/19	18 66				460 14		
				1778 . 19 7/19	3 73				456 41		
March		34 10		1864 . 7 7/19	3 65				490 51 486 86		
				1975 . 16 7/19	3 65				483 21		
		64 90			46 48					477 5 05	
apr		33		12 12 CE 9/4	6 98						
				56 - - 9/4	8 72				500 57		
May		34 10			15 70						
	Int on Defd Pay.	35 06		3020 Plwng 666. 9 5/19.	73 -				569 67	475	
				156 CE 07/4	5 23				491 44		
		102 16			93 93						
				3592 Plwng - 1 ab end 23/5/19	14 60						
				4545 ✓ ~~End.~~ 29/5	9 73				467 11		
					24 33						

S. O. S. S. List 83 Transto Can
to Eff. 6/9 M. D. 2.

483 21
102 . 16
585 37
1 15 70
69 67

Group 26

D. A. 1
O. G. 2

SHORT FORM.

WAR SERVICE BADGE.
CLASS "A" No. 41114

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 754375
2 Rank. Sapper
3. Name. HAMILTON Andrew Mateer
4. Unit. 12 Battn C. E.
5 Date of Discharge JUN 15 1919 Place Toronto
6 Reason for Discharge Demobilization

H-M-T Olympic
SAILED S'HM'TON 6/6-19
ARR'D HALIF'X June 12 1919

7. Authority. No. 2, D.D., Part II, D.O. No. 141
8. Proposed Residence after Discharge Sault Ste Marie G.P.O.
Ontario Canada

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Andrew Mateer Hamilton
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT
Date JUN 15 1919
TORONTO

For D.O. No. 2 District Depot.
Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 30

Date 4-6-19

Group 26 Pwmg

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Welley DATE 21/5/19

1. 1 (a) Unit 12th Batt. C.E. (b) Regimental No. 754375 (c) Rank Sapper
   (d) Surname HAMILTON (e) Christian name Andrew Mather
   (f) Home address G.P.O. Sault ste marie. Ont. can
   (g) Next of Kin James Hamilton (h) Relationship Brother
   (i) Address of Next of Kin Moody St. Steelton Ont.
2. Age last birthday 27 Date of birth 23-11-91.
3. Enlistment, or Appointment (if an Officer) (a) Place Sault Ste Marie (b) Date Feb 2/1916
4. Personal description: Est.
   (a) Height 5'-4 in. (b) Weight 130 (stripped) (c) Complexion Fair
   (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vacc 2 left.
5. Former trade or occupation Mill-wright.
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3	93

	Periods From	Periods To
Canada	Feb 2/1916	aug 8/1916
England	aug 8/16	May 23/17
France or other theatres of War	May 23/17	may 6/19

7. Original disease, or injury FLAT FEET

(a) Date of origin He states about 1913 (b) Place of origin Canada.
(c) Cause He states caused by heavy work and standing for long periods in a Steel plant.

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Pain in right and left feet on long marches and long walks. (Flat feet)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Moderate degree of flat feet both right and left. No pain or tenderness on pressure.

He states he has "pain in both feet in the arches and ankles after heavy marching or long walks"; with a properly fitting boot there is no trouble in ordinary walking."

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No.....Cardio-Vascular System..No.....Genito-Urinary System..No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..No.....Respiratory System..No.....Integumentary System..No.....

Disturbances of Mentality..No.....Digestive System..No.....Muscular System..No.....

Osseous and Joint Systems..No.....Any other general condition..No.....

10. (a) History (of the condition referred to in Section 9 (a).)

He states that previous to 1913 he had no trouble with his feet; as a result of the heavy work and standing on his steel floor for long periods, pain developed in both ankles and arches and present condition developed; in ordinary walking there is no pain.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles in childhood.

4-8-16 to 31-8-16. Gonorrhoea. recovery.

(*c*) (Here give a description of wounds, scars and deformities.

~~Slight~~ flat feet. moderate

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes. ✓

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

He states, yes, after a long march has lost for a day. Medical History Sheet - "feet - slight tendency to flatness" ✓

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no. (b) no.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

G. Current Just came

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned A. M. Hamilton, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pappa A. M. Hamilton Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes
Has always gained on his A category. States no medical boards.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) Ayes
(b) Service abroad, not general service,	(" B)	(~~Yes or~~ No.)
(c) Home service (Canada only),	(" C)	(~~Yes or No.~~)
(d) Temporarily unfit.	(" D)	(~~Yes or No.~~)
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)

20. It is certified that the invalid

(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should ~~not pass under his own control~~.
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

RTC auth 48 Tel 9083 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Witley

DATE 21-2-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CANADIAN ARMY MEDICAL CORPS HEADQUARTERS
21 MAY 1919
WITLEY SECTION.

The Board of Pension Commissioners for Canada

AUTHORITY FOR PENSION PAYMENTS

This is your Pension No. 147774
Please quote in all correspondence

HAMILTON (Pensioner's surname) | ANDREW M. (Pensioner's given name) | (Relationship to member of forces)

G.P.O. Sault Ste. Marie, Ont.
(Street) (Post Office)

HAMILTON (Surname of member of forces) | ANDREW M. (Given names of member of forces)

754375 (Regimental No.) | Pte. (Sapper) (Rating or Rank) | 12th Bn. (Ship or Unit)

Entire Disability 10 % Statistical Code No. 65

Pensionable Disability 2 % Class Gratuity

AWARD

For Pensioner	$ 25.00	~~a month~~ Gratuity
For married Pensioner (additional allowance)	$	a month
For children or brothers or sisters (additional allowance)	$	a month
Helplessness allowance	$	a month
Total	$ 25.00	Gratuity

Amount of adjustment payment from
to at $ $

PARTICULARS OF CHILDREN OR BROTHERS OR SISTERS

Name	Date of Birth	Date of Expiry

GRATUITY

STATISTICS
Rd 2/40
ENTERED

Date of commencement of pension

To be reviewed in months Nil

The Board of Pension Commissioners for Canada acting by and in virtue of the authority conferred upon it hereby authorizes the payment of pension in accordance with the above report.

Signed at Ottawa this 25th day of Aug. 19 19

Typed by Pro. 72

Checked by Pro. 39

Stanley P. Christine
per J.M.O.B.

Commissioner,
Board of Pension Commissioners for Canada

S.P.C. FORM 250–B Mult.

The Board of Pension Commissioners for Canada

AUTHORITY FOR PENSION PAYMENTS

(Pensioner's surname) (Pensioner's given name) (Relationship to member of forces)

(Street) (Post Office)

(Surname of member of forces) (Given name of member of forces)

(Regimental No.) (Rating or Rank) (Ship or Unit)

Entire Disability ____% Statistical Code No. ____

Pensionable Disability ____% Class ____

AWARD

For Pensioner ..... $ ____ a month

For married Pensioner (additional allowance) ..... $ ____ a month

For ____ child(ren) or brother(s) or sister(s) (additional allowance) ... $ ____ a month

Helplessness allowance ..... $ ____ a month

Total ... $ ____

Amount of adjustment payment from ____ to ____ at $ ____ $ ____

PARTICULARS OF CHILDREN OR BROTHERS OR SISTERS

Name | Date of Birth | Date of Expiry

Date of commencement of pension ____

To be reviewed in ____ months

The Board of Pension Commissioners for Canada acting by and in virtue of the authority conferred upon it hereby authorizes the payment of pension in accordance with the above report.

Signed at Ottawa this ____ day of ____ 19__

Typed by ____

Checked by ____

Commissioner,
Board of Pension Commissioners for Canada

P.P.C. Form 750-B Mar.

Olympic

9f 5057

DISPERSAL "T"

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 754375 | RANK Spr. | NAME (IN FULL) HAMILTON, A.M.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Do

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 119th Inf. | IF IN P.F. WHAT UNIT (BLOCK LETTERS SURNAME FIRST) Bank of Montreal

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY Sault. St. Marie

DATE OF ATTESTATION 2.2.16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 28-6-19 | REASON Demob | AUTHORITY Do 171 | IF ENTITLED TO POST DISCHARGE PAY Yes

T.O.S. 6/6/19 D.O. 171

SUBS. TO D.O.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			491	19	To Bal Eng L.P.C.
21/5/19							491	19	491	19																											
21/6/19	21	1	16	23	10	35 -											24	35	Endorsed on L.P.C.																		
						70 -																																
																																					Pay 6/6/19 to 21/6/19
																																					Clothing allce
																																					1st Part W.L.S.
																																					Boat & Train Money
									12810		Cheque						5854	9													6196	9	-	40			
		W.S.G.																									W.S.G.										AMOUNT DUE SOLDIER DEPENDENT
																											-	40									Debt bal from above
																											70	00									W.S.G. Paid as above
																											66	0									6 days Pld 4/6
																															77	00					
183	Days		420						420								15	6	19															343	00			1st W.S.G. Paid by #2 D.D.
											AR	81	July	10	99	23	96							63	-							140	-	280			
											AR	107	Aug	8	100	42	78							70								210		210			W.S.G. PAID IN FULL
											AR	132	Sept	8	1383	43							70								280		140			
											AR	159	Oct	9	1394	657							70								350		70			LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY
											"	185	Nov	10	1715	404							70								420		—			
									420																343				77	00			420		NIL			

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

R—122

J.P.

Rank — Name HAMILTON, Andrew Matter — Reg'l No. 754375.

Unit 119th Bn. — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Sault Ste.Marie.Ont. 2nd Feb.1916. — Place of Birth Belfast. Ireland.

Name and Address, Next-of-Kin James Hamilton. Moody St. Steelton. Ont. Canada. — Relationship Brother.

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

H. W. & V., Ld.—7165-16.

N/E. R.B No. 15213
File R.L.
Catalogue CAN.OR

Report. Date.	Report. From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England S.S. Metagama		19.8.16	
21-8-16	OC 119th Batt'n	Admitted Liverpool Hosp.	Bramshott.	19-8-16	D.C.L. #1. P.II.O. #151. V.D.G.
4-9-16	OC 119th Batt'n	Discharged from Hosp	Bramshott.	3-9-16	D.C.L #3. P.II.O. #163.
23-5-17	119TH.	S.O.S, to 124th Bn. Now know as [illegible] Btn	Witley	23.5.17	D, O,102 V/124th DO. 102. 31.5.17.
7.5.18.	124. BN.	Awded G.C. Badge Can-ENG 10-3 18	Field	2.2.18.	A.F. 30.
2-7 18	12th.Bn'CE	T.O.S.from 124thPnrs	Fiela	30.5.18	DO-1 X 124th DO,42. 2/7.18
8 5 19	P.Wing	T O S from 12 Btn	Witley	7 5 19	DO 24
C.C. 15	P.W&CCC	SOS TO CANADA	Witley	6.6.19	DO 44.

83-I 6-6-19

A.F.B.103 CHECKED 30 MAR 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				